

PATENT APPLICATION SERIAL NO. 10/540142

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

07/05/2005 MKAYPAGH 00000073 10540142

01 FC:1631	300.00 OP
02 FC:1632	<del>500.00 OP</del>
03 FC:1633	200.00 OP
04 FC:1616	360.00 OP

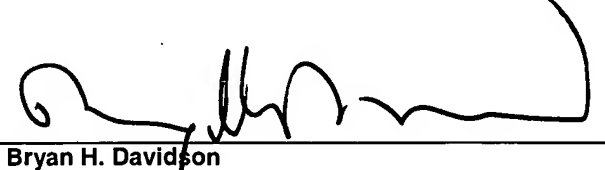
Adjustment date: 10/26/2005 WALVARAD  
07/05/2005 MKAYPAGH 00000073 10540142  
02 FC:1632 -500.00 OP

10/26/2005 WALVARAD 00000006 10540142  
10/26/2005 0030026439 400.00 OP  
~~01 FC:1632~~

Credit Card Refund Total: \$100.00

PTO-1556

Am Exp.: (5/87)XXXX2021

U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5) <b>Unknown</b>		INTERNATIONAL APPLICATION NO. <b>PCT/JP2004/008074</b>		ATTORNEY'S DOCKET NUMBER <b>1226-111</b>	
21. <input checked="" type="checkbox"/> The following fees are submitted:					
<b>BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5):</b>					
<input checked="" type="checkbox"/> a) Basic national fee .....				\$300.00 (1631)/\$150.00 (2631)	\$ 300.00
<input checked="" type="checkbox"/> b) Examination Fee .....				\$200.00 (1633)/\$100.00 (2633)	\$ 200.00
<input checked="" type="checkbox"/> c) Search Fee .....				\$500.00 (1632)/\$250.00 (2632)	\$ 500.00
<b>TOTAL OF ABOVE CALCULATIONS .....</b>				<b>\$1000.00/\$500.00</b>	<b>\$ 1000.00</b>
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number)		RATE	
0 -100	0 /50 =	0.00		\$0.00 (1681)	
				\$0.00 (2681)	
Surcharge of \$130.00 (1617)/\$65.00 (2617) for furnishing the oath or declaration later than <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).					
CLAIMS	NUMBER FILED	# EXTRA	RATE		
Total Claims	10 minus 20 =	0 X	\$50.00 (1615)/	\$25.00 (2615)	\$
Independent Claims	1 minus 3 =	0 X	\$200.00 (1614)	\$100.00 (2614)	\$
MULTIPLE DEPENDENT CLAIMS(S) (if applicable)			\$360.00 (1616)/\$180.00 (2616)		\$ 360.00
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s): One Month Extension \$120.00 (1251)/\$60.00 (2251); Two Month Extensions \$450.00 (1252)/\$225.00 (2252); Three Month Extensions \$1020.00 (1253)/\$510.00 (2253); Four Month Extensions \$1590.00 (1254)/\$795.00 (2254)					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.					
Processing fee of \$130.00 (1618), for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).					
Adjustment date: 10/26/2005 WALVARAD 07705/2905 - WATPASH 00000073 10540142 02 FF-1635 TOTAL NATIONAL FEE = 560.00					
Fee for recording the enclosed assignment (37 C.F.R. 1.21(h). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 (8021) per property				+	\$ 40.00
Fee for Petition to Revive Unintentionally Abandoned Application; \$1500.00 (1453) / \$750.00 (2453)					\$ 0.00
<b>TOTAL FEES ENCLOSED =</b>				<b>\$</b>	<b>1400.00</b>
				Amount to be:	
				refunded	\$
				Charged	\$
a. <input type="checkbox"/> A check in the amount of \$1400.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. 14-1140 in the amount of \$_____ to cover the above fees. A duplicate copy of this form is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1140. A duplicate copy of this form is enclosed. d. <input checked="" type="checkbox"/> <b>CREDIT CARD PAYMENT FORM ATTACHED.</b> e. <input checked="" type="checkbox"/> The entire content of International Application No. PCT/JP2004/008074 and any U.S. and foreign application(s) corresponding thereto, and JP 2003-158976, referred to in this application is/are hereby incorporated by reference in this application. <b>NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b) must be filed and granted to restore the application to pending status.</b> <b>CORRESPONDENCE ADDRESS</b> <b>Direct all correspondence to:</b> <input checked="" type="checkbox"/> <b>Customer Number:</b> <span style="border: 1px solid black; padding: 2px 20px;">23117</span> <div style="text-align: center; font-size: small;">Type Customer Number here</div>					
Telephone: (703) 816-4000 BHD:Imy					
 <b>Bryan H. Davidson</b> NAME					
30,251 June 21, 2005 REGISTRATION NUMBER Date					

FEE VALUE	
COUNTRY/REGION	
DEPOSIT ACCOUNT NO.	
14	1140
FEE CODE	VALUE FORWARDED
1632	500
1633	400